VS. A15

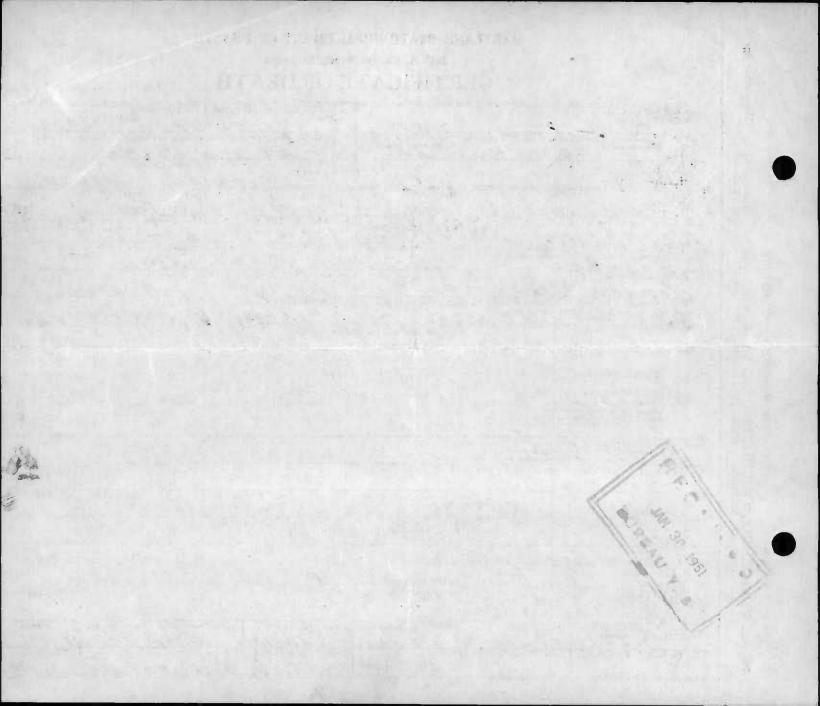
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

(1872

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
ALBOT MARYLAND	MARYLAND	IALBOT
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Z-1957ON, BURBL A	TOWN EASTON BURA	_
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS		RNER.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) LOWARD COLUMBUS	BENTLY DEATH TAN.	17 195
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last hirthday   If under	1 year  If under 24 hr
MALE COLORED WIDOWED, DIVORCED, (Specify) MARGIE	DEC. 10. 1889 6/ yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	B MARYLAND	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HOWARD DENTLY	EMILY LAWRE	NGE
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of service) www. I 057-22-1832	BEATRICE BENTLY E	STONI R.D
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR COMPITIONS DIRECTLY BEADING TO DEATH		ONSUF AND DEATH
Immediate cause (a) Coronary Disease		
Annihoused the second		1
Antecedent cause(s) Diseases or conditions, if any. (b) Arteriosclerotic C	ardio-Vascular Disease	4 yrs
giving rise to the above cause		** ** ** ** ** ** ** ** ** ** ** ** **
stating the underlying cause last Hypertension		
(c) 0 1		10
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. None		I an Attendment
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
None I None		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY	) (STATE)
HOMICIDE NO INJURY NO	None	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY None m. Work X At work	Not at all	
22. I hereby certify that I attended the deceased from Nov 2,	, 19 47, to Jan. 17, 19 51, that I last	discuss supposes
22. I hereby certify that I attended the deceased from 1100 v	, 19, to, 19, that I last	saw the deceased
alive pp		tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
11/1/1/ Daures M.D.	St. Michaels, Maryland	1.19.51
I muyo on Julian	DV OD ODDIV BODY I TOOL BY OU	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or cour	ity) (State)
BURIAL ZO JAN 1751 SC. FAVE	LS LEMETERY EASTIN !	5. D. MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/51 // // // // //	JOHN D. WILLIAMS E	ASTON MA



The correct age

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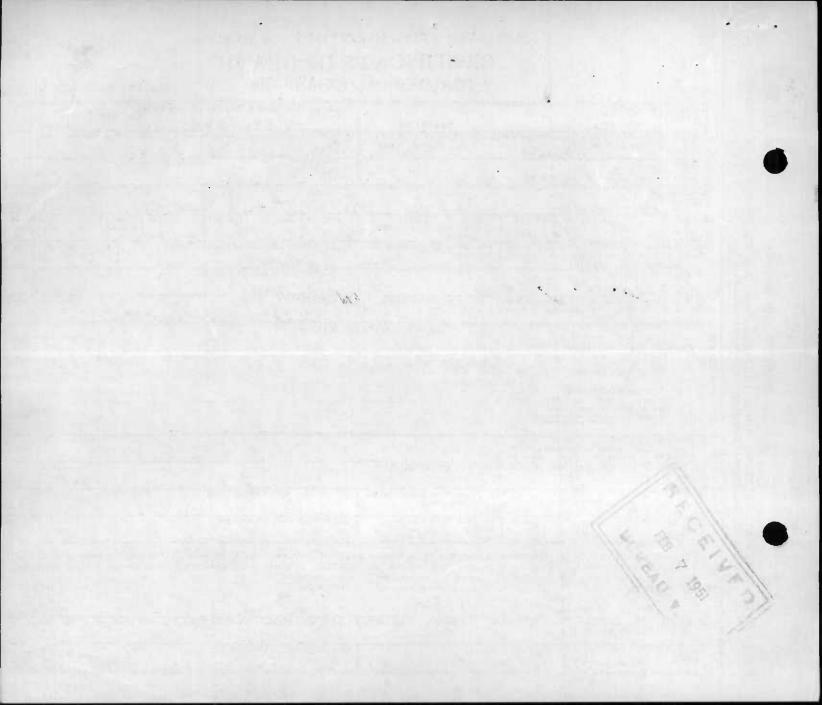
#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

11873

Reg. Dist. No. 8.90

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	11.
CITY (If obtaide corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside concernte limits, write RURAL and give	e nearest town)
TOWN give nearest town) FAS-4 7 (in this place)	TOWN Chester town	,
HOSPITAL OR INSTITUTION OR FACE	STREET (If rural, give location)	1
STREET ADDRESS FASTON Memoria	ADDRESS	/
3. NAME OF (First) (Middle)	OF (Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 9844 //A/Xe	DEATH 40%.	as 1987
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED,		Days   Hours   Mln.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. DEPTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	RussiA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MATHONIAL DANNE	MAChel	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT	16
service)	Benjamin h. DENNET	7
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Construy o	ulusion	horant
120		
Antecedent cause(s)  Diseases nr conditions, if any, (b)		
9 4 00 giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1 00 A TIMO DOWN
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(000,11)	(51812)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	utopsy . Inspection K Inquiry T thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said deced	ased died on the day stated above, and death in my	opinion resulted
from: natural causes A accident , suicide , homicide ,	undetermined [].	DATE SIGNED
The the	5	1-1-
Moon () ( Muy my)	casion red	120-01
23. JURIAL, CREMATION PATE THEREOF NAME OF CEMETER	RY OR CREMATORY   LOCATION (Cay, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12957 1.84. /errest	well hewison 2100 out	aw/L



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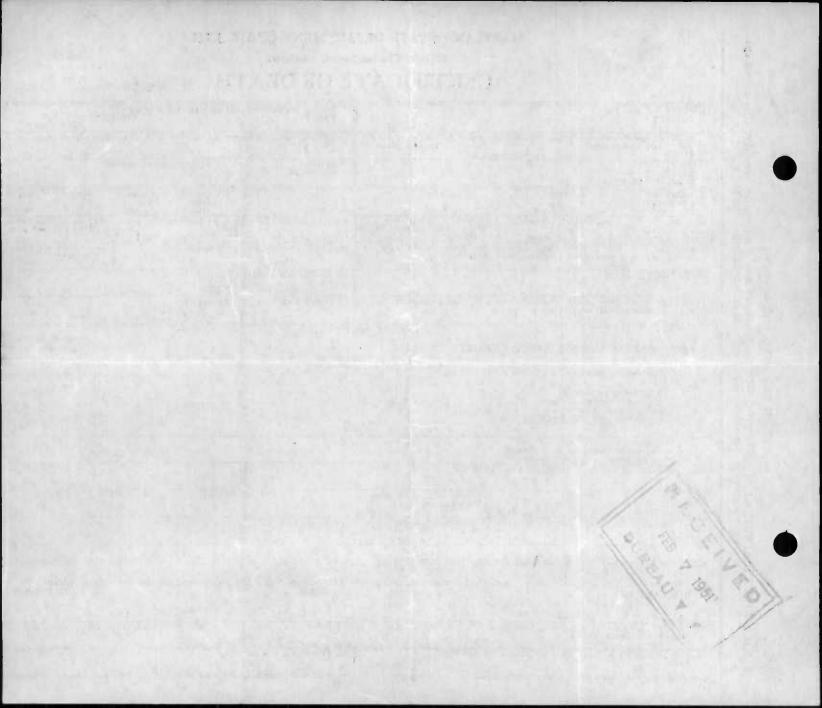
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

(874) Reg. Dist. No. 290

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Talbat MARYLAND	STATE Md. COUNTY	Talbot
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN Coceston Revial	TOWN Gaston Trural	ritown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Lattle .	DEATH Jan.	29. 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birt day If uoder a	Days   Hours   Min.
Jamale Colorel WIDOWED, DIVORCED, (Specify) Muzical	1//ay 1-18861 64 ym. 8	29
foa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	W.S.A.
0 511'00	Charlet Mane My ale	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16/ SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	farm 5/1:00 8	om mo
18. MEDICAL CE	RTIFICATION	con ma.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO MATH	,	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO SEATH	01.	ONSET AND DEATH
Immediate cause (a)	pen	(n
Antecedent cause(s)		
Diseases or conditions, if any, (b)		PP 60 00 00 to pronque a printresida secres as se
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1970, to 1-28, 1971, that I last sa	w the deceased
1 00		
alive on, 19, and that death occurred at	3.50 A. m., from the causes and on the date sta	
SIGNATURE (Degree or title)	SDORESS A	DATE SIGNED
Ell. There are	Caston und 1-	29-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY   LOCATION (City, town, or count;	y) (State)
Qurial txb. 1-1951 (Queendasth	enChursh Hard Instour	ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL/DIRECTOR	ADDRESS
128/57 / JUL / Jerres	John D. Williams, Cars	lon Mit
	10.001	



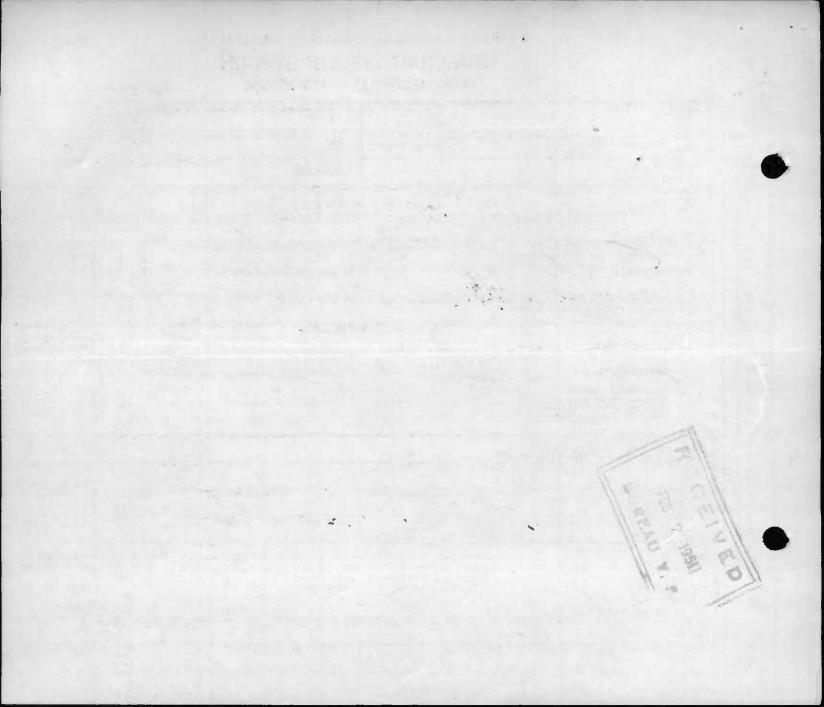
ebrect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 290

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Talket MARYLAND	STATE ME COUNTY
OR give nearest town (in this, place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Easter HO MALL	TOWN IT. Michaele
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS
STREET ADDRESS Ynemoural Hospital.	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last)   4. DATE (Month) (Day) (Year) OF DEATH You 27 195
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8 DATE, OF BIRTH   9. AGE last hirthday   If under I year   If under 24 brs.
male black WIDOWED, DIVORCED.	Left 10 1909 4/ yrs. Months Days Hours Min.
done during most of working life, even if retired) INDUSTRY	II. BITHPLACE (State or foreign country)  12. CITIZEN OF WHAT ON NEW TOTAL OF WHAT OF
13. FATHERS NAME	14. MOCHER'S MAIDEN MAME
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO. (Yes. 10, or unknown) (If yes, give war or dates of	W. INFORMANT & Buttle
laervice) 18. MEDICAL CE	PTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Corocca (b)	northage
Antecedent cause(s)	
Diseases or conditions, if any, (b)	***************************************
830 giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while	HOW DID INJURY OCCUR?
INJURY m. work at work	
22. I certify that I took charge of the remains described above, held an A	Autopsy , Inspection I Inquiry thereon and from the evidence ased died on the day stated above, and death in my opinion resulted
from: natural causes accident , suicide , homicide ,	asea area on the any stated above, and aeath in my opinion resulted undetermined $\square$ .
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
fair (Met. m) ) me	Easton med 6-17-51
23. BURIAL, CREMATION   DATE, THEREOF   NAME OF CEMETE	
RESIDVAL (Specify) 1/89/51 Phase	el (Carel mo
DAT'E REC'D BY LOCAL   REGISTRAR'S SIGNATURE .	24. FUNERAL DIRECTOR ADDRESS
REG. 1/29/51 / N.N. Neereed	Horman W. Manshago
	Green III
	47-101/1/



VS. A15

## W

Evidence for addition

in #18 shown on:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1870

#### FILM No. G 130 JAN 29 196 ERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH. COUNTY Taller MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dellevel Ret De Regular Test
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Balloue with	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Ruckard Have C	(Last) 4. DATE (Month) (Day) (Year) OF DEATH / 1957
5. SEX 6. COLOR OR RACE 7. SHNGLE, MARRIED, WIDOWED, DIVORGED, (Specify) THORNES	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? 4 S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME,
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Cook
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Var. Comon 4	I the free tate fland I'm M mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	1 11 MARINE
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	La grippe
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	(1/29/51 akc)   20. AUTOPSY?   Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
(1	, 1941, to famila, 1927, that I last saw the deceased
alive on	ADDRESS DATE STENED
Provident (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/2 2/40/2	24. FUNERAL DIRECTOR ADDRESS.
- 1/10/2/ 11:14. Herris	820105

## THE CASE OF THE CA

AND RESIDENCE AND ADDRESS OF THE PARTY OF TH



# MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baitimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.....

COUNTY	STATE COUNTY COUNTY
MARYLAND	MARY LAND
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town Caster (in this place)  TOWN  Caster	TOWN PRESTON.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS EASTON MemoRIAL HOSPITAL	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
OECEASED (Type or Print) Augusta	YAdow OF DEATH JAN 26 1961
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Ludanued)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry // Industry Industry // Industry	11. PARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Schroder	IN MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	13 INFORMANT TO A CLUS
18. MEDICAL CEI	RTEICATION
	INTERVAL PRIWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
561, 3 Immediate cause (a) Infestina	& austructique 24 hrs
	10.4 1 1 1 1
Antecedent cause(s) Diseases or conditions, if any. (b)	MANIAN ( ast Menter) 4 Man!
122 a, giving rise to the above cause	for the first of t
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	Yes No h
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At work	
INJUNE IN THOSE IN THE WOLK	
22. I hereby certify that I attended the deceased from 2.5	19 57 to 1-26 1957 that I last saw the deceased
alive on 1951, and that death occurred at	3.35 R.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	
110	ADDRESS DATE SIGNED
A-Nellotte mp	ADDRESS DATE SIGNED
23. BURIAL DREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	
REMOVAL (Specify)	ADDRESS  DATE SIGNED  RY OR CREMATORY, LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS DATE SIGNED
DATE RECTO BY LOCAL   RECISERAR'S MENATURE	ADDRESS  DATE SIGNED  RY OR CREMATORY, LOCATION (City, town, or county) (State)

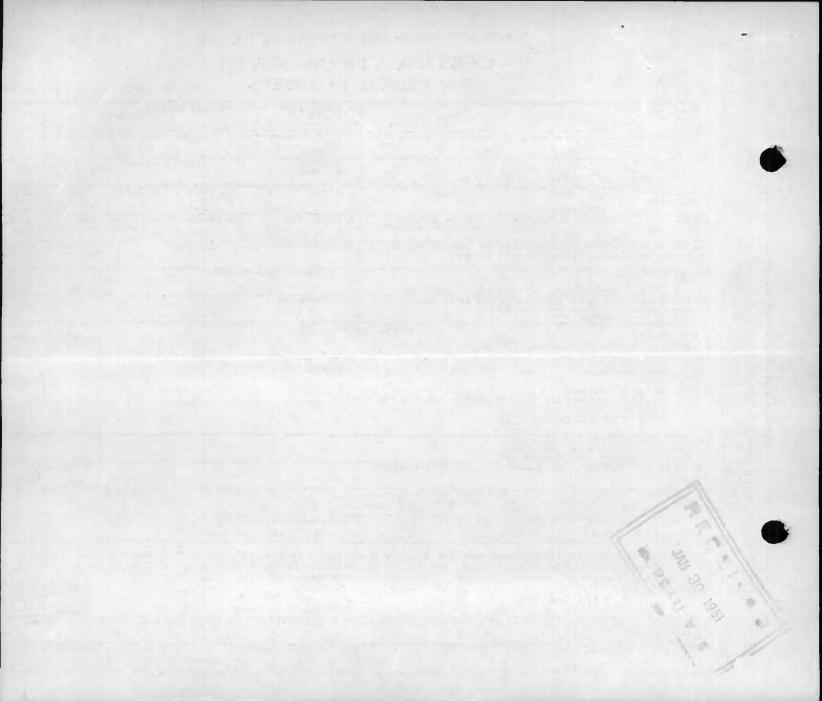


### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(1873)

eg. Dist. No. 290

CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN HOSPITAL OR STREET ADDRESS  DATE OF DEATH OF STREET ADDRESS  DATE OF DEATH OF STREET ADDRESS  DATE OF DEATH OF DE	1. PLACE OF DEATH- COUNTY TOOL	Eastero,	2. USUAL RESIDENCE (HO	ME) OF DECEASE	COUNTY COOL	_
STREET ADDRESS   STRE	CITY (If outside corporate limits, write RU OR give nearest town)	RAL and LENGTH OF STAY (in this place)	OR COL		L and give nearest town)	-
DECEASED  (Type of Print)  (Type of Prin	HOSPITAL OR INSTITUTION OR STREET ADDRESS	Cernorial Hos	STREET	(If rural, give lo	cation)	
5. SEX  6. COLOR GIRACE  7. SINGLE, MARRHED, (Specify)  10a. USUAL OCCUPATION (Give kind of work look and contributed by such as the such	DECEASED	2	1	OF	211	-
13. FATHER'S NAME	5. SEX 6. COLOR OF RACE W.	7. SINGLE, MARRIED, WIDOWED, (Specify)	8. DATE OF BIRTH 9	/7 yrs.	Months Days Hours	Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT (Yee, no, or unknown)   161 yee, give war or dates of   2 242   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. MEDICAL CERTIF	done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	Tilaline	w ma		VHAT
It is a continuous of the service	Mr. Charles R.	Hausison	Mary J. I	Birnung	hand	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    Conservation	(Yes, no, or unknown)   (If yes, give war or date	411	Charles F	P. Harri	Sen	
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF INJURY  22. I certify that I took charge of the remains described above, held an Autopsy Inspection Injury thereon and from the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Accident Accident Accident Injury Occurred Induction Address Date Signed  DATE SIGNED  ADDRESS  DATE SIGNED	1. DISEASES OR CONDITIONS DIRECTL		RTIFICATION			
Diseases or conditions, it any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I certify that I took charge of the remains described above, held an Autopsy Inspection Injury thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .  SIGNATURE  DATE SIGNED  OCCURS OF DERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  Yes No COUNTY) (STATE)  (CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  (CITY OR TOWN) (COUNTY) (STATE)  (COUNTY) (STATE)  (CITY OR TOWN) (COUNTY) (STATE)  (COUNTY) (STATE)  (AUTOPSY?  Yes No COUNTY) (STATE)  (CITY OR TOWN) (COUNTY) (STATE)  (CITY OR TOWN) (CO		Lacereum 17	~ ~	8181 H881H8419410H + 081 1099	0 - E - 10 - 10   10 - 10   10   10   10   10	
II. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?	Diseases or conditions, if any, giving rise to the above cause attaing the underlying cause last	unto accida	es .			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY!   Yes   No     21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.)   OF office	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not					_
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) OF						
OF INJURY  VI SIGYM. While at work work Not while at work or lawfo accident  22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident , suicide , homicide , undetermined .  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  Level Note of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident , suicide , homicide , and death in my opinion resulted from: ADDRESS  DATE SIGNED	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	office hidg., etc.)	(CITY OR TO	WN) (C		
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident, suicide, homicide, undetermined.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  (-V)-J/	OF I DO ALLEUC	While at Not while				
	obtained by said Autopsy, Inspection from: natural causes accident	or Inquiry, find that said dece , suicide , homicide ,	ased died on the day stated undetermined .	Inquiry [] there above, and death	in my opinion result	ted
	Louis Muty m	n) mag			1-22	1/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAD (Specify)  124/5  129/1000  1	BREMOVA (Specify)	151 Ilghneae	MS. Cherry	CATION (City, topo	man ne	9
4 HATE RECTI BY LUCAL I REGISTRARY SHANATHEE // 1 24 BUINDERAL DIRECTOR // A ADDRESS	DATE REC'D BY LOCAL REGISTRAR REG. 225	S SIGNATURE	24. FUNERAL DIRECTOR	come ]	il lana	_
	1/22/51 17.4	4. Merries	XXXXXXX	corre ,	Ja france	

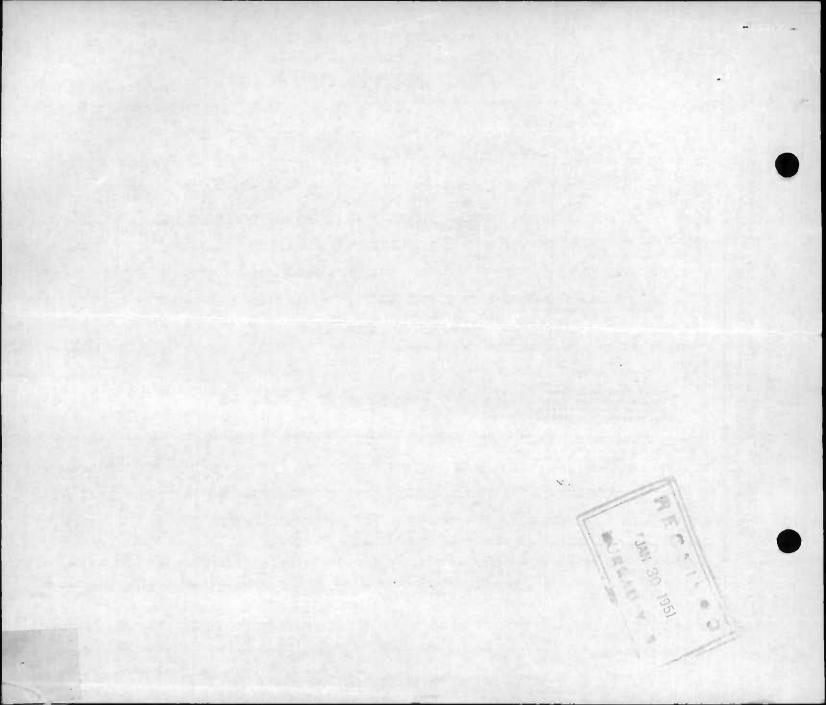


2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

0575

ODITITION	BOF DERIII Reg.	Dist. No. A. 7. O
1. PLACE OF DEATH. Jalhor, MARYLAND	Mary Dand.	COUNTY COL.
CITY (If outside corporate limits write RURAL and OR givo nearest town)  Corporate RURAL and (in this place)  TOWN	OR TOWN Hederals bury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Con Municipal Hospi	STREET (If rural, give look ADDRESS PARK, QUE.	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Oh/. OF	nth) (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	aue 13, 1884 66 H	If under f year   If under 24 hrs.   Months   Days   Hours   Min.
10). USUAL OCCUPATION (Give kind of work one during most of working life, even it refined industry	II. BIKAHPHACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME  CLAULE CTULVIUM  15. WAS DECRASED EVER IN U.S. ARMED FORCES!   16. SOCIAL-DECURISY NO. /	Mary Lallys.	
(Yes, no, or unknown) (If yes, give war or dates of service)	ALLE NATIONAL AND ADDRESS	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Variloniles		48kg.
540. O Antecedent cause(s) Diseases or conditions, if any, (b) Discussion	of gastroenterolomy a	Louis 48 km
stating the underlying cause last (c)	Long for stenosine ale	ero 7 lava
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	40	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	2 - 0 0	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1.4.	, 195/., to 1/15, 195/., that	I last saw the deceased
alive on 195, and that death occurred at. 3	ADDRESS and on the ADDRESS	date stated above.  DATE SIGNED
J. P. Umbler MD	214 Dover St Carl	on hed 1/17/2
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PRINCIPLE (Specify) Jan. 18 1951 Mt. Sion	CEMETERY LOCATION (City, Egwa.	or county) (State)
DATE REC'D BY LOCAL VALGISTRAR'S SIGNATURE REG. 165	Charles H. Gray Funeral H	ome 722 Walnut St
	Per Many Rogray	Wilmington, Del.



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

v. Dist. No. 292

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	Y 4 1 - 0
MARYLAND CITY (II ontside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside conformed limits, write RURAL and gi	dellest-
OR givenparest town (in this place)	OR TOWN 7 (ISLAM	As Hewiser fowd)
HOSPITAL OR	STREET (If rural, give/bongon)	4
INSTITUTION OR STREET ADDRESS MOMINIAL APPL.	ADDRESS (MILLOS 4 Shie	SI .
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Livan By Cavenum II.	Halden OF DEATH Can.	26 1957
6. COLOR ON RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	A. DATE OF BIRTH 9. AGE last birthday If under Months	1 year   If under 24 hrs.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	There as I start you	
done during more of working life, even if retired) Industry	11 /20	COUNTRY OF WHAT
FATHER'S NAME	11 NOTHER'S MIDEN NAME	UAIT
my Human - Holden	Karal Pamplion	al ,
15. WAS DECRASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	INFORMANT AND ADDRESS	
service)	This reason Ha	eu/
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	11 ->	ONSET AND DEATH
420,0 Immediate cause (a) Urterio Sclerotic	Heart Disease	Jears
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	Years
192. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	71 111/1000/10 103 10	20. AUTOPSY?
		Yes No R
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m,   Work   At work		
22. I hereby certify that I attended the deceased from ///7	195/ to //26 195/ that I last a	aw the decessed
. 12/ /1		
alive on	ADDRESS and on the date st	ated above. DATE SIGNED
11 N 1 20.	8 -	12.10
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMET	ERY OR CHEMATORY   LOCATION (CRy, town, or count	26/3/
REMOVAL (Specify) 1/29/57	- The Old Constitution of Golds	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE /	24. PUNERAL DIRECTOR	ADDRESS
REG. 1/27/57 My Modries	There A Malline	~
	100	8-00F
	7,0050	7.7



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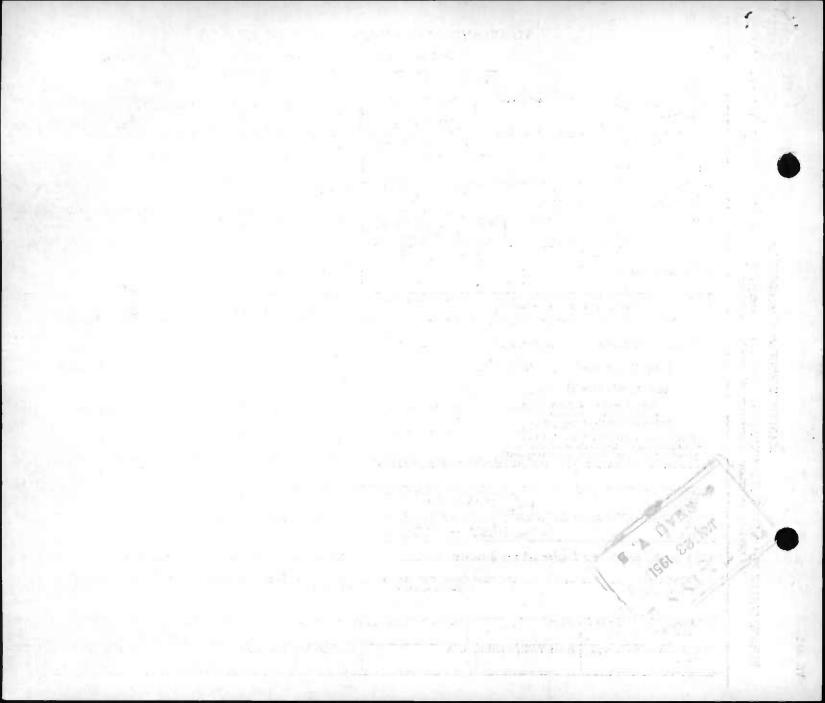
# Evidence for addition on #8 a #9 shown on:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

	C V.	4
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CERTIFICAT	E OF DEATH Reg. Dist. No	290
HAM NO. G 130 JAN 26 1951	Reg. Dist. 110	· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH- COUNTY A LAT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Carolina
CITY (If outside corporate limits, write RURAL and OR	CITY (If outside conformation to RURAL and give OR UND	e nearest town)
HOSPITAL OR INSTITUTION OR THE MEMORIAL KASPILAL)	STREET (If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)  5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WILDOWED DIVORCED		1 year   If under 24 hrs
WIDOWED, DIVORCED, (Specify) MALLAL Q.  10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	Monty   Monty   11. BIRTHPLACE (State or foreign country)   12.	Days Hours Min.
done during most of working life, even if retired) INDUSTRY	mauland	COUNTRY S. A
Mi. Pour Davidson	14. MOTHER'S MAIDEN NAME CAUSE	2,
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of pervice)  11.00 A. M.	17. INFORMANT Um. lenkins -	Husband.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON CONDITIONS DIVERTED IN BEAUTY OF SEASON	Observe of an auto welling	ONSET AND DEATH
592 Immediate cause (a) Immediate cause	moute you and organis	
Antecedent cause(s)		
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		94 94 95 97 9 WWW-WHIMMEN AMPROVED STREET
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	(01110111)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m,   Work  At work	14 21	
22. I hereby certify that I attended the deceased from 3/ File.		
alive on 19.50, and that death occurred at 1.1. SIGNATURE (Degree or title)	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
Mags In Havin M. D.	Carpen Mangland	pm 51
23. BURIAL CREMATION DATE REMOVAL (Specific)	RY OR CREMATORY LOCATION City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/2/5-1	24 FONERAL DIRECTOR ( Del	ADDRESS



VS. A15

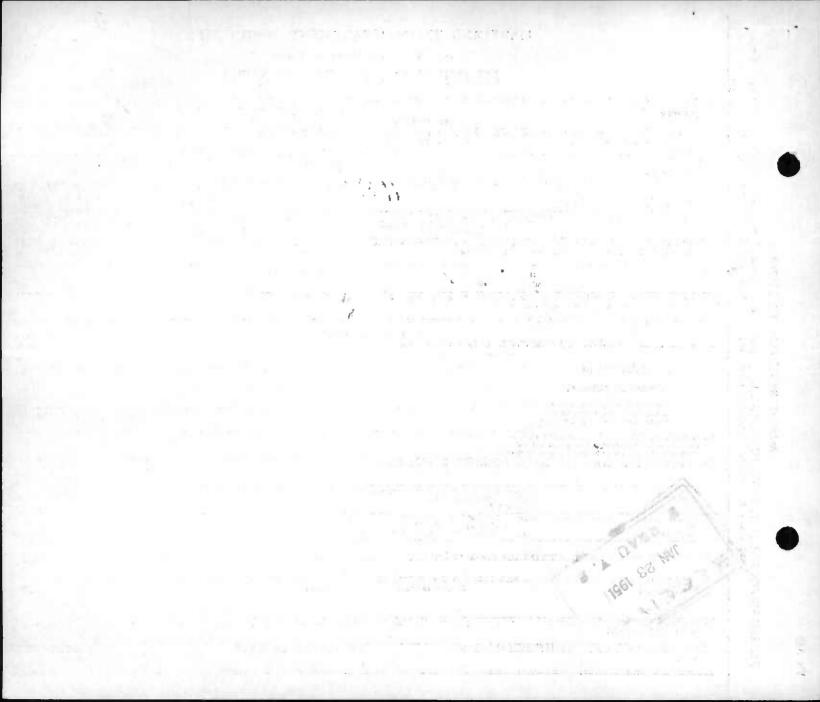
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### **CERTIFICATE OF DEATH**

eg. Diet. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (H	OME) OF DECEASED.	
COUNTY	STATE MARYLA	COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If autside Consession	e limits, write RURAL and give	SNHHHES
OR give nearest town) CASTON (in this place)	TOWN Church	1 11 1	e hearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EASTON MEMORIAL HOSPITAL	STREET ADDRESS	(If rural, give location)	/
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Kennedy	OF DEATH JAN	195/
Female 6. COLOR OR RACE NIDOWED, DIVORCED, (Specify) MARRIED.	Jan 15, 1909	41 yrs. Months.	Days   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	BIRTHPLACE (State or	foreign country) 12	COUNTRY? OF WHAT
13. FATHER'S NAME	14. MODHER'S MAIDEN	NAME NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	190	
(Yes, no, or unknown) (If year, give war or dates of service)	Lee Slan	estury.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	//	INTERVAL BETWEEN ONSET AND DEATH
. 10	7 9 0.	.//2 7	. 0
Immediate cause (a)	all Lenke	may acule	week
Antecedent cause(s)		i i	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			- PS 60 60 00 now no are de autom anality anguly fall nobe at
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		***************************************	
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			1 20. AUTOPSY?
			Yes No Dk
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY  PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TO	OWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCC	UR?	
INJURY m.   Work   At work			
22. I hereby certify that I attended the deceased from 12 / 3.	1950, to 1-1-	, 19.57, that I last s	aw the deceased
2			
alive on	ADDRESS	causes and on the date st	ated above.  DATE SIGNED
3 Cot 24. D.	Eartin 2	nd	
23 BURIAL CREMATION DATE NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LO	Starker's Count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE .	24. FUNERAL DIRECTO	P	ADDRESS
1/2/5/ 1/-JA. Merries	1 Eagan h'	rare Church	Hill.
		200001	



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VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

8883

Reg. Dist. No ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	STATE many land. COUNTY	Carolina
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) Caston (in this place)	OR TOWN Ridgel.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR S	ADDRESS	
STREET ADDRESS Caston Memousl Hopetal		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MA. Frederick	Kessler DEATH Jan.	1 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last hirthday   If under	
male WIDOWED, DIVORCED, (Specify) magazin	Oct. 25. 1876 74 yrs. Months.	Days Hours   Min.
10a, USUAL OCCUPATION (Give kind of work   10b. Kind of Business or		Crearest on Water
done during most of working life, even if retired) INDUSTRY		COUNTRY?
	Dermany	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.	•
mu trank kinder	I vienia Giomin	91 A)
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	. 1
(Yes, no. or unknown) (If year, give war or dates of	Min. Hostella, Kandles - 11	11/0
UNICA AUTA   Bervice)   White Control	Man Service Contract	
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	DISET AND DEATH
66 / 1-0 /11	tic ulu-	ucl
Immediate cause (a)	716 0000-	Truc
1017		
/ 0 / Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause	——————————————————————————————————————	
stating the underlying cause last (a) Willie o Car elle as	ua of the bladder	49 cars
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
19E. DATE OF OTERATION 199. MASON TIMBINGS OF OTENATION		20. AUTOFST
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INJURY m.   Work  At work		
22. I hereby certify that I attended the deceased from 30 flee	1067 to / My 1057 that I last a	one Alea deserved
22. I hereby certify that I attended the deceased from	, 15, to, 15, that I last si	aw the deceased
alive on, 19.51, and that death occurred at	7.45 A m from the causes and on the date at	ated shows
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SIGNATORA	The dead of	43
facus on African Me.	litte many cours	m s
BURIAL, CREMATION   DATE /   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count	v) (State)
REMOVAL (Specify)	1 (1).0.	777 ()
Central on The State of Contral	1 24 FUNERAL DIRECTOR	on wex
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ,	2 July Miller Lot	ADDRESS
12/5/ 174' / leren	IT. D. Kaevanas MAYO	MAN VOCO



2411 N. Charies Street, Baitimore

#### H

		Siree, Dailimore	
	CERTIFICAT	E OF DEAT	H Reg. Dist. N
I. PLACE OF DEATH. COUNTY talkot County	Caston MARYLAND	2. USUAL RESIDENCE (H	COUNT
CITY (If outside corporate limits, write RUI) OR give nearest town) TOWN		CITY (If outside corpora	te limite, write RURAL and gi
HOSPITAL OR INSTITUTION OR STREET ADDRESS	removial Hosp.	STREET ADDRESS	(If rural, give location)
3. NAME OF DECEASED (Type or Print) Mrs. Edna.	(Middle)	(Last)	4. DATE (Month) OF DEATH OF.
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday If under Months
Oa. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	k 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	
A FATHER'S NAME		14. MOTHER'S MAIDEN	NAMES
15. WAS DECEASED EVER IN U.S. ARMED FORCI Yes, no, or unknown) (If yes, give war or date   service)	BS? 16. SOCIAL SECURITY NO.	My Whel	Tallaghe
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Reliel witer	hind shotimes	trais
related to the disease or condition causing de 19a. DATE OF OPERATION   19b. MAJOR	ath.		
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?
22. I hereby certify that I attended t	he deceased from 4 and that death occurred at		
23. BURIAL, CREMATION DATE THER.	EOF NAME OF CEMETE	BY OR CREMATORY   L	OCATION (City, town, or cour
DATE REC'D BY LOCAL REGISTRAR'		24 FUNERAL DIRECTO	land faction

te limits, write RURAL and give nearest town) dova (If rural, give location) 4. DATE (Month) (Year) (Day) OF DEATH 1951 am 9. AGE last birthday | If under 1 year | Months | Days If under 24 hrs. Hours | Min. 66 12. CITIZEN OF WHAT r foreign country) NAME INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? OWN) (COUNTY) (STATE) CUR? that I last saw the deceased causes and on the date stated above.

DATE SIGNED OCATION (City, town, or county) (State) ADDRESS

age

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VS. A15

The correct age

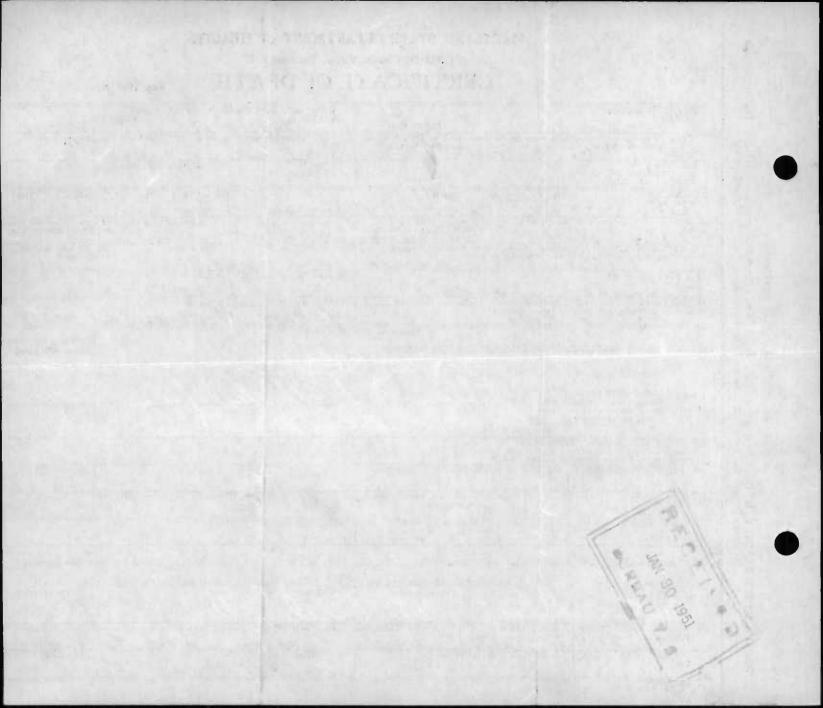
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

11885 Reg. Dist. No. 290

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	ry
ALBOT MARYLAND	MARYLAND	TALBOT
CITY (If outside corporate limits, write RURAL and OR give nearest town)  CHY (in this place)	OR OWN RURAL - A.STON	rive nearest town)
HOSPITAL OR	STREET (If rural, give jocation)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) RASA (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) ROSIE EMMA	PARSHALL OF DEATH JAN.	15 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE iast birthday   If unde	r I vear ilf under 24 hrs
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) TARRIED.	SEPT. 23/88 55 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	MARYLAND	COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	USW
Turine Tause	Many Kippy	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) [ (If yes, give war or dates of	HARVEY MARSHALL	- Manual Man
laervice) 18. MEDICAL CE	PTIEICATION	ASTON, IND.
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- A	ONSET AND DEATH
· · · · · · · · · · · · · · · · · · ·	Il an horis	emule.
Immediate cause (a)		
Antecedent cause(s)	10-21 4. 0.1	17 41-
Diseases or conditions, if any, (b) giving rise to the above cause	I wighted agorania	
94a stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at Not While   INJURY   m.   Work   At work		
22. I hereby certify that I attended the deceased from	1976, to 1-15, 1951, that I last	saw the deceased
alive on, 195, and that death occurred at SIGNATURE (Degree or title)	Andress and on the date s	DATE SIGNED
SIGNATURE (Degree or title)	ADDITION OF THE PROPERTY OF TH	DATE SIGNED
Ellarten Freel dus	Casto Kled 1	-17-51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
STURIAL VAIN. LO. LOLDERING TILL	4 CEMETERY FASTON PLA	RYLAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/16/57 / / Merus)	John Killliams Lx	STON MA.
		7



Tim correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

200

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY TOLLOT MARYLAND	STATE many land COUNTY Tallow		
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)		
OR give nearest town) Easton (in this place)	TOWN Corder		
HOSPITAL OR	STREET (If rural, give location)		
HOSPITAL OR INSTITUTION OR	ADDRESS		
STREET ADDRESS Memore Hospital.			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print)   alruce	Plugge DEATH Jan. 28 1951		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.		
emale white (Specify) Jungle	Cug 15 1950 yrs. Amol 30 a Min.		
10a USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN, OF WHAT		
done during most of working life, even if retired) INDUSTRY	Coupitry n		
13. FATHER'S NAME	14. MODBER'S MAIDEN NAME ()		
I. Fally Shall	II. MODILERS MAIDEN NAME		
J. Migse	Modelly Name		
15. Was Decrased Ever In U.S. Adjud Forc ? 16. Social Security No. (Yes, no, or unknown) (If yes give war or dates of service)	W. INFORMANT		
service)	They !! I such		
18. MEDICAL CER			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE		
Immediate cause (a) Branchogoneum	who who was cough 8 days		
Market Company of the			
Antecedent cause(s) Diseases or conditions, if any, (b) Mal natration	Comequelal Matternation		
giving rise to the above cause			
stating the underlying cause last	T A 1		
(c) anall Intestin	L-Operated at JHH.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY2.		
	not granted		
DI ACCIDENTE (Control Di ACE (Home form fortest stock)	(CITY OR TOWN) (COUNTY) (STATE)		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF INJURY  m.   While at Not While   Work   At work			
INJUICI III. I WOLL At WOLL			
22. I hereby certify that I attended the deceased from 1 - 22	1951 to 1-28 1951 that I last saw the deceased		
alive on 28, 19 %1, and that death occurred at 3	.2.3A.m., from the causes and on the date stated above.		
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED		
1. POB. A.H NO a	14 Dance C+ Saite dad 1-31-51		
	Y OR CREMATORY LOCATION (City, town, or county) (State)		
REMOVAL (Specify) /31/5/ Janing 2/	ell Cember Cember, labor a med		
DATE REC'D BY LOCAL   REALSTHAR'S SIGNATURE	24. FUNERAL DIFECTOR ADDRESS		
REG. 1/2 c/-1 1 1/2 1/2 2 1/2)	and Lell I (weller med		
10000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same		
23. BURILU, CREMATION DATE/THEREOF NAME OF CEMETER	14 Dover St Easton and 1-31-51		



#### 2411 N. Charies Street, Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE	(HOME) OF DECEASED.	UNTITO
MARYLAND MARYLAND	Mel		albat
CITY (If outside corporate limits, write RURAL and OR give nearest town) (In this place)	OR CITY (If outside corpo	rate limits, write RURAL an	id give nearest town)
TOWN Courton	TOWN Cour	ton reur	al
IIOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural, give location	n)
STREET ADDRESS Memoral Hopital			
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Nelen dolle	Trase	DEATH Yan	5 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birt day If u	nder 1 year   If under 24 hrs
Agmale Colored (Specify)	Mar. 6-1948	угв. 1 9	1251
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
	Caston 1	nd.	1 20.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDE	1 4	
Jerry glass		ilson	
15. Was Decrased Ever in U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT		0
service)	Mary Will	on Nose	valen TH RT
18. MEDICAL CE	RTIFICATION/		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1		ONRET AND DEATH
Upri) - nae	H		Marine
Immediate cause (a)	**************************************	61° v666° Caerone ne es ronnoquas q e nou qua cos aque gos cobe e	
Antecedent cause(s)			
Diseases or conditions, if any, (b) giving rise to the above cause	***************************************	\$0.00.00000000000000000000000000000000	
187 stating the underlying cause last			1
(c)			T.V.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	,		20. AUTOPSY?
			Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.)	CITY OR	ZOWN) (COUN	
SUICIDE Allebert OF office bldg., etc.) home	m /yrag	yer 10	md
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OF	CUR?	14
INJURY   S C S/m.   Work   At work	Show by 10	now mich	- wish
22 The he seed to that I attended the deserred from	10	10 Ab-A T l-	-1 12 - 3
22. I hereby certify that I attended the deceased from			
alive on, 19, and that death occurred at	6.30 A.m., from the	e causes and on the dat	e stated above.
SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
Law (West vi) Bus	With on h	ed 1	1-1-5-1
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or	county) (State)
REMOVAL (Specify) 2 / 1951 St On 196	lack Comstant	Enton DA	me
DATE REC'D BY LOCAL //REGISTRAR'S/SIGNATURE	24 FUNERAL DIRECT	ar	ADDRESS
REG. 1/2-1-1 20 10 10 10 10 10 10 10 10 10 10 10 10 10	John D.W.	Il im for	of me
13/3/ // // //	MANIE WILL	marie au	ung fred.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

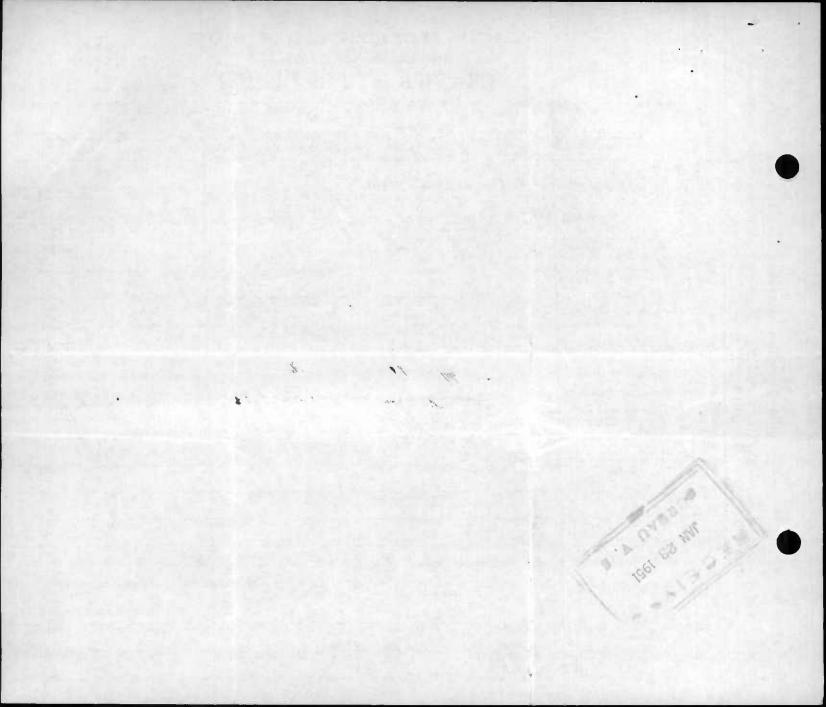
(1900)

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limit CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) OR give nearest town) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Shorter OF (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 2. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. Male usual OCCUPATION (Give kind of work during most of working life/even if retired), 10b. KIND OF BUSINESS OR 12. CITIZEN DP WHAT INDUSTRY COUNTRY! MOTHER'S MATHEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No I 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work | 151, to 1-11, 151, that I last saw the deceased 22. I hereby certify that I attended the deceased from /- 5 SIGNATURE (Degree or title) DATE SIGNED 1-11-51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REG.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 290

COUNTY Telbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	4
CITY (If outside corporate limits, write RURAL and CR give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Ann's, MISS.	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 34 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Feb 10, 1820 80+yrs. Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	COUNTRY? OF WHAT
Mr Welleame Smith	Jaidh S and S	
15/ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	The Korraid Si	nulls
18. MEDICAL CEL I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ceuteal Human	hais	20 kes
260X Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	liha,	( ? /
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19.5/, to 2/, 195/, that I last sa	aw the deceased
alive on 29, 24, 19.2., and that death occurred at SIGNATURE (Degree or title)	ADDRESS , from the causes and on the date sta	ated above. DATE SIGNED
Mus Tun Hamian le D. i.	Earter hay land 26	per 5/
REMOVE (Specify) Jan 76,1951 Africa VI	RY OR CREMATORY LOS TION (City, town or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S STOMATURE	24. FUNDECH OLD INDICATE OF	ADDRESS
	0938	88

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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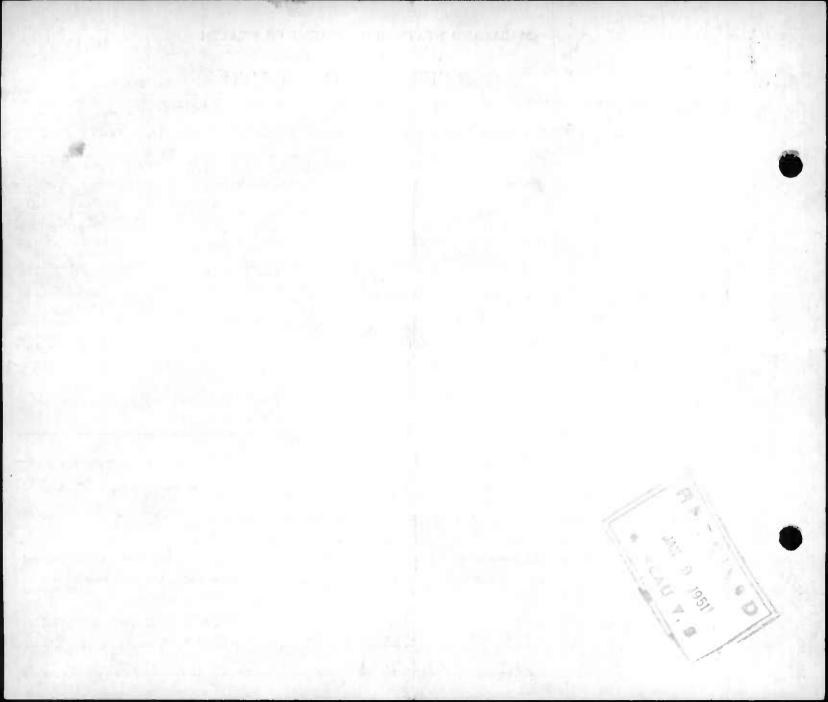
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

(1831)

Reg. Dist. No.... 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (In this place) OR TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) 4. DATE (Month) (Last) (Day) (Year) DECEASED Marriole 2 194 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) 6. COLOR OR RACE DATE OF BIRTH 9. AGE last hirthday | If under 1 year 5. SEX If under 24 hrs. Months Days Hours | Min. 10b. Kind of Business on 10a. USUAL OCCUPATION (Givo kind of work domeduring most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT Halas claman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Decrased Even in U.S. Armed Forces? (Yes, no, obushnown) (II yes, give war or dates of sorvice) 16. SOCIAL SECURITY NO. 212-10-67 porvice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Cardio vas enla-Antecedent cause(s) 34 car Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 Yes PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (STATE) 21. ACCIDENT (COUNTY) (Specify) SUICIDE INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) Not While While at INJURY Work At work 22. I hereby certify that I attended the deceased from Da, 194, to 2 fee, 195, that I last saw the deceased , and that death occurred at 2:45 A.m., from the causes and on the date stated above. alive on .... SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURLAL CREMATION REMOVAL (Specify) LOCATION (City, town, or county) NAME OF CEMETERY OR OREMATORY DATE THEREOF (State) 11 24. FUNERAL DIRECTOR DATE RECID BY LOCAL REGISTRAR'S. SIGNATURE ADDRESS REG.



#### CERTIFICATE OF DEATH

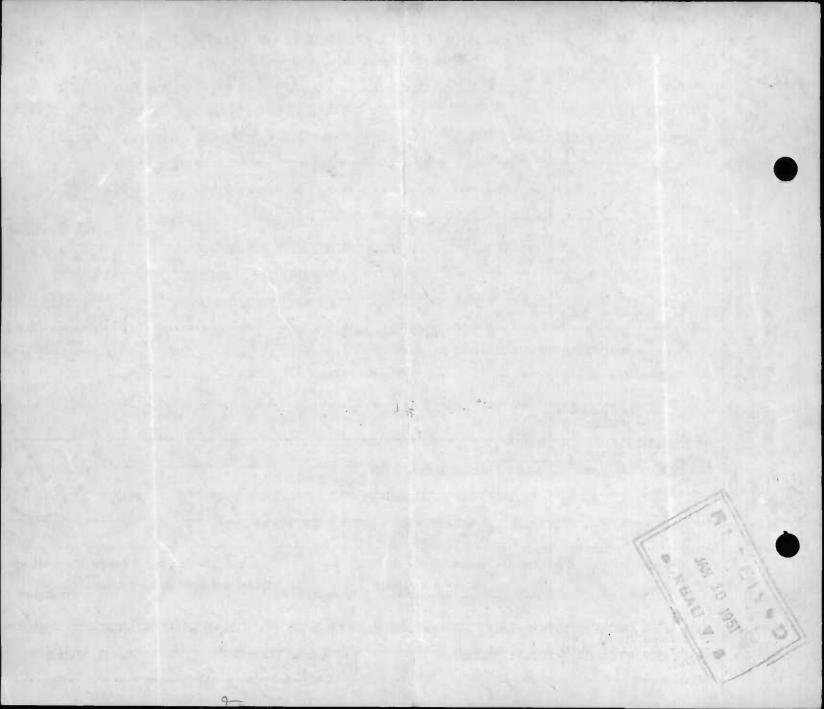
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY / Allow MARYLAND	Waryland. Forenester
CITY (If outside corporate limits, write BURAL and   LENGTH OF STAY	CITY (If dutaide corporate limits, write RURAL and give nearest town)
TOWN give nearest town	TOWN Cambridge
HOSPITAL OR	STREET (If goral, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 2/ hand 14
	" Huvey N. V
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) L) ONNA	417LEY   DEATH / - 3 - 1931
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs
ternale (Specify)	11-3-1956 yrs.   Manths   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLAO (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Washington D. C. COUNTBY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NANIEI STANLEY	FANNIE E JACKSON
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	DANIEL, STANLEY, TILGHMAN MD.
18. MEDICAL CE	SCALE AN INTERVAL BETWEEN
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Immediate cause (a)	
Antecedent cause(s)	May K
Diseases or conditions, if any, (b)	eller your vice breeze
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	L SO AVITODOVO
198. DATE OF OPERATION 186. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
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22. I hereby certify that I attended the deceased from	19 to fell 5, 190 , that I last saw the deceased
Friday	
alive on, 19, and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
my where no	apriles in fans 1901
23. BURIAL, OREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
	OD CAL TAIRET ON MA.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG.	ADDRESS
1-501 1 1000000	1 Kolles Misse

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 294

1892

I. PLACE OF DEATH- COUNTY Description of the start of the
OR glyc nearest town) TOWN Whitmen  HOSPITAL OR INSTITUTION OR STREET ADDRESS  NAME OF DECEASED (Type or Print)  SEX MALE White Widel  Town  Middle  (Middle)  (Last)  (Last)  (Middle) (Last)  (Middle) (Last)  (Middle) (Last)  (Middle) (Last)  (Middle) (Last)  (Middle) (Clast)  (Middle) (Clast)  (Middle) (Clast)  (Middle) (Clast)  (Middle) (Clast)  (Month) (Day) (Year)  OF DEATH Jan • 21, 1951  (Specify)
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE  3. NAME OF DECEASED (Type or Print) JOHN A. TRAVERS  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) WIDOWED, DIVOR
DECEASED (Type or Print) JOHN A. TRAVERS  Topic or Print) JOHN A.
DECEASED (Type or Print) JOHN A. TRAVERS  6. COLOR OR RACE WIDOWED DIVORCED. S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months Days Mont
male white (Specify) DIVORCED. DIVORCED 9/17/1878 73 yrs. Months Days Hours Min  10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Hours Walterman  13. FATHER'S NAME  WIDOWED, DIVORCED. 19/1878 73 yrs. Months Days Hours Min Country Hours Min Creek, Min Country Fishing Creek, Min Country 14. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Landward Seafood Fishing Creek, Md. Country of USA 13. FATHER'S NAME
13. FATHER'S NAME
Alexander Travers Harriet Lewis
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.   17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of 217 14 8462 Mrs. Earl C. Elliott, Whitman, Md.
18. MEDICAL CERTIFICATION
INTERVAL RESIDENCE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
1 Clastin Wenner of 3 Las
Immediate cause (a)—Colombia
Antecedent cause(s)
Diseases or conditions, if any, (b).
giving rise to the above cause stating the underlying cause last
(c)
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, : (CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  OF While at Not While Work Mat work
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  OF While at Not While Work Mat work
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HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  OF While at Not While Work Mat work
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   22. I hereby certify that I attended the deceased from At work 1997, to 1997, that I last saw the deceased alive on 1997, and that death occurred at 1997, from the causes and on the date stated above. SIGNATURE  (Degree or title) ADDRESS  DATE SIGNED
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   22. I hereby certify that I attended the deceased from At work   alive on Annual Ann
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   How DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from the late stated above. SIGNATURE (Degree or title)  23. BURIAL CRENATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) State)  24. FUNERAL DIRECTOR ADDRESS AD
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   22. I hereby certify that I attended the deceased from Work At work   alive on Association, 195, and that death occurred at Address and on the date stated above. SIGNATURE  23. BURIAL CREVATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) State) burial (Specify) 1/24/51 Dougle ester memorial Park Cambridge, Md.



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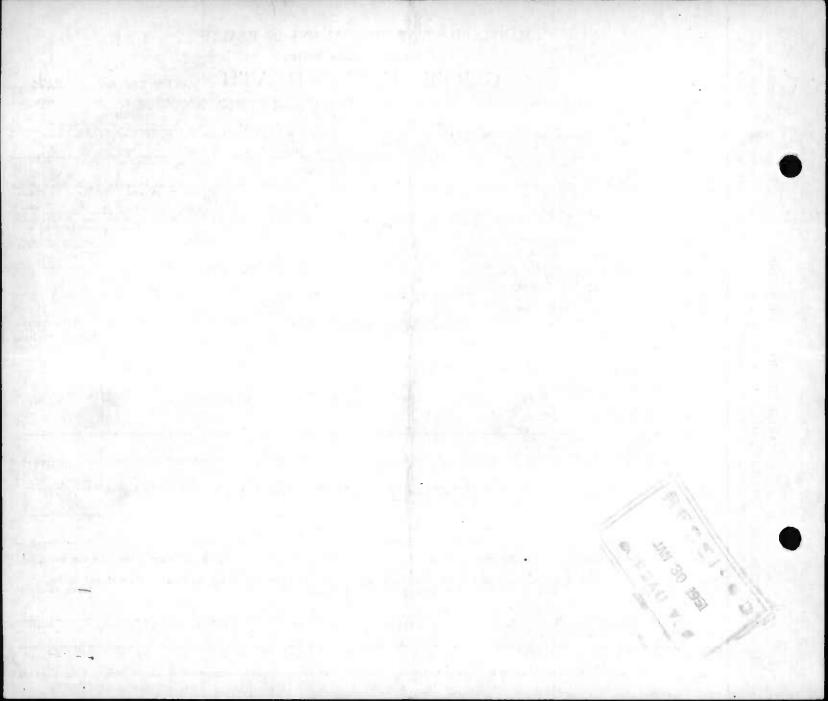
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 290 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Jackal STATE MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN Carlo HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED Wilkinson Vernaon 195 (Type or Print) DEATH 13 WIDOWED PIVORCED, (Specify) 5. SEX COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs. Months | Days Hours | Min. Remals 10h. KIND OF BUSINESS OF 10a. USUAŁ OCCUPATION (Give kind of work 11\_BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? duces aune 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 19. SOCIAL SECURITY NO. (Yes, no or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 334 x Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20, AUTOPSY? Yes [] No M 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 19.46, to 1-13-, 19.5/ that I last saw the deceased alive on ..... (Degree or title) SIGNATURE DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE REG.



2411 N. Charles Street, Baltimore

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	CERTIFICAT	TE OF DEAT	H Reg. 1	Dist. No. 2. 90
1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE (STATE		COUNTY
CITY (If outside corporate limits, write RU OR give nearest town) TOWN	(in this place)	TOWN Rest	tow	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	morise Thesp.	STREET ADDRESS	(If rural, give loc	eation)
3. NAME OF DECEASED (Type or Print)	(Middle)	Lielaughly	4. DATE (Moro	meney 5 195
5. SEX 6. OUTOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily)	Dots 16, 186	86 yrs.	If under 1 year If under 24 hr Months Days Hours Min
done during most of working life, even if retired	INDUSTRY DE LOS	A. BIKTHPLACE (State		12. CITIZEN OF WHAT
13. FATHER'S NAME	Willoughly	14. MOTHER'S MAIDEN	Laton	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) Myes, give way or date service)	es of White No.	I I'M Clift	un will	or glibes
I. DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CE Y LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATE
420.0 Immediate cause (a)_	Ventrus	la ares	<del></del>	Sudde
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	artingles	stic Heart	Disease	years
(c) 11. OTHER SIGNIFICANT CONDITIONS	<i>R</i> , ¬			
Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION   19b. MAJOR		statie Hype	trophy	20. AUTOPSY?
Ja 5- 195- Specify) PI	ACH (Home, farm, factory, street,	CITY OR	Ry (O)	Yes No D
SUICIDE	office bldg., etc.) JURY	(CITT OK)	20WN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	While at Not While	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended t	the deceased from /2 - 51	-, 19.50, to 1 - \	, 19.3-1, that	I last saw the deceased
alive on 5, 191-1, a	and that death occurred at (Degree or title)	ADDRESS m., from the	causes and on the	date stated above.  DATE SIGNED
13 Cof	24-2.	Saston	md	1-6-5-1
23. BURIAL, CREMATION DATE THER REMOVAL (Specify)	151 h. O. H. A	AM I	LOCATION (City, town	ui med
DATE REC'D BY LOCAL REGISTRAR	SIGNATURE J. Mercia)	24. FUNERAL DIRECTO	2 Fall	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

